

	United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> Other	OPP Identifier Number  <b>AMEND</b>
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**Application for Pesticide - Section I**

1. Company/Product Number <b>87429-1</b>	2. EPA Product Manager <b>Tara Silva Flint</b>	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>PurposeBuilt Brands / 30 Seconds Spray &amp; Walk Away</b>	PM# <b>31</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>PurposeBuilt Brands c/o Delta Analytical Corp. 12510 Prosperity Drive, Suite 160 Silver Spring, MD 20904</b> <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to:  EPA Reg. No.: _____ Product Name: _____	

**Section - II**

<input checked="" type="checkbox"/> Amendment - Explain below <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> No ification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - explain below.
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**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

**Label amendment to address GDCI by removing golf greens and residential lawns/turf directions for use from the label, and make other minor label changes and reformatting**

**Section - III**

1. <b>Material this Product will be Packaged in:</b>			
Child-Resistant Packaging <input type="checkbox"/> Yes* For retail <input checked="" type="checkbox"/> No  * <b>Certification must be submitted</b>	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If "Yes," Unit Package wgt.      No. per Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If "Yes," Unit Package wgt.      No. per container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify):
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) of Retail Container 1 qt., 48 fl. oz., 1/2 gallon, 1 gallon or 2.5 gallons	5. Location of Label Direction <input checked="" type="checkbox"/> On Label or: <input type="checkbox"/> On Labeling accompanying product	
6. Manner In Which Label Is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input checked="" type="checkbox"/> Other: <u>Self-adhesive</u>			

**Section - IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application )

Name <b>Cristina Griffin</b>	Title <b>Agent for PurposeBuilt Brands</b>	Telephone No. (Include Area Code) <b>301-680-7971</b>
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**Certification**

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any kind of knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

2. Signature 	3. Title <b>Agent for PurposeBuilt Brands</b>	6. Date Application Received  <b>(Stamped)</b>
4. Typed Name <b>Cristina Griffin</b>	5. Date <b>12/28/22</b>	



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460

**Paperwork Reduction Act Notice:** The public reporting burden for this collection of information is estimated to average 1.25 hours per response for registration and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding burden estimate or any other aspect of this collection of information including suggestions for reducing the burden to: Director, OPPE Information Management Division (2137), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Washington, DC 20460. Do not send the completed form to this address.

## Certification with Respect to Citation of Data

Applicant's/Registrant's Name, Address and Telephone Number <b>Collier Manufacturing, LLC</b> c/o RegWest Company, LLC (970) 353-0611 8209 West 20 <sup>th</sup> Street, Suite B (970) 353-0613 (fax) Greeley, CO 80634-4699 kim@regwest.com	EPA Registration Number/File Symbol  <b>87429-1</b>
Active Ingredient(s) and/or Representative Test Compound(s) <b>Alkyl (40% C12, 50% C14, 10% C16) dimethyl benzyl ammonium chlorides</b>	Date  <b>June 21, 2019</b>
General Use Pattern(s) [list all those claimed for this product using 40 CFR Part 158] <b>Outdoor</b>	Product Name <b>30 Seconds Spray &amp; Walk Away</b>

**NOTE:** If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

I am responding to a Data Call-In Notice and have included with this form a list of companies sent offer of compensation (the Data Matrix form should be used for this purpose)

### SECTION 1: METHOD OF DATA SUPPORT

(Check only one method)

I am using the cite-all method of support and have included with this form a list of companies sent offer to compensation (the Data Matrix form should be used for this purpose).  I am using the selective method of support (or cite-all option under the selective method) and have included with this form a completed list of data requirements (the Data Matrix form must be used).

### SECTION II: GENERAL OFFER TO PAY

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

I hereby offer and agree to pay compensation to other persons with regard to the approval of this application to the extent required by FIFRA.

### SECTION III: CERTIFICATION

I hereby certify that this application for registration, this form for reregistration or this Data Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration or the Data Call-In response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered: (1) to pay compensation to the extent required by Sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (2) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with Sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.

I certify that the statements I have made on this form and all attachments to it are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature 	Date <b>June 21, 2019</b>	Typed or Printed Name and Title <b>Kim Davis, Consultant/Agent</b>
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	United States <b>Environmental Protection Agency</b> 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number  <h2 style="color: red;">Reregistration</h2>
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**Application for Pesticide – Section I**

1. Company/Product Number <p style="text-align: center;"><b>87429-1</b></p>	2. EPA Product Manager <p style="text-align: center;"><b>Eric Miederhoff</b></p>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/ Product (Name) <p style="text-align: center;"><b>30 Seconds Spray &amp; Walk Away</b></p>	PM # <p style="text-align: center;"><b>31</b></p>	
5. Name and Address of Applicant (Include ZIP Code) <b>Collier Manufacturing, LLC</b> <b>c/o RegWest Company LLC</b> <b>8209 West 20<sup>th</sup> Street, Suite B</b> <b>Greeley, CO 80634-4699</b> <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i) my product is similar or identical in composition and labeling to:  EPA Reg. No. <u>84115-1</u>  Product Name <u>Wet &amp; Forget</u>

**Section – II**

<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Other – Explain below.
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**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)

**PDCI-069105-30933**  
**8-Month Response**  
**Storage Stability with Corrosion Characteristics Study**

**Section – III**

<b>1. Material This Product Will Be Packaged In:</b>			
Child Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify): _____
*Certification must be submitted If "Yes" Unit Packaging Wt.    No. Per Container		If "Yes" Packaging Wt.    No. Per Container	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container <p style="text-align: center;"><b>1 quart, 48 fl. oz., 1/2 gallon, 1 gallon or 2.5 gallons</b></p>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Stenciled <input checked="" type="checkbox"/> Paper glued <input checked="" type="checkbox"/> Other <u>Self-adhesive</u>		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling Accompanying Product	

**Section - IV**

<b>1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application).</b>		
Name <p style="text-align: center;"><b>Kim Davis</b></p>	Title <p style="text-align: center;"><b>Consultant/Agent</b></p>	Telephone No. (Include Area Code) <p style="text-align: center;"><b>970.353.0611</b> <b>kim@regwest.com</b></p>

<b>Certification</b>		6. Date Application Received <p style="font-size: 1.2em;">(Stamped)</p>
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		
2. Signature 	3. Title <p style="text-align: center;"><b>Consultant/Agent</b></p>	
4. Typed Name <p style="text-align: center;"><b>Kim Davis</b></p>	5. Date <p style="text-align: center;"><b>June 21, 2019</b></p>	